



**HAWAII STATE ETHICS COMMISSION  
DISCLOSURE OF FINANCIAL INTERESTS (FORM D-201)**

HAWAII STATE ETHICS COMMISSION 1001 Bishop Street, Pacific Tower Suite 970 P.O. Box 616 Honolulu, Hawaii 96809 Telephone: 587-0460 Fax: 587-0470 email: <a href="mailto:ethics@ethics.state.hi.us">ethics@ethics.state.hi.us</a>		For Office Use Only DATE REC'D: 06/01/2004 FILE NO.: 02-D-11254  Representative
IMPORTANT: Please read instructions carefully before filling out this form.		
FULL NAME (Last, First, Middle) Kirk William Caldwell		SPOUSE'S FULL NAME (Last, First, Middle) Donna Aiko Tanoue
DEPENDENT CHILDREN'S FULL NAMES (Last, First, Middle) Maya Hisako Caldwell		
RESIDENCE ADDRESS [REDACTED]		
MAILING ADDRESS [REDACTED]		
BUSINESS TELEPHONE [REDACTED]	STATE DEPARTMENT/DIVISION OR BOARD/COMMISSION	
RESIDENCE TELEPHONE [REDACTED]	STATE POSITION HELD State House of Representatives	TERM OF OFFICE: Begin: 1/15/03 End: 1/15/05

**FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN.**  
USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

**ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR**

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
F	Kirk W. Caldwell, ALC P.O. Box 131 Honolulu, Hawaii 96810	E	Legal services
F	Kirk W. Caldwell State House of Representatives 415 South Beretania Street Hawaii State Capitol Honolulu, Hawaii 96813	D	State Representative
SP	Bank of Hawaii 130 Merchant Street Honolulu, Hawaii 96813	H	Vice Chairman, Chief Administrative Officer and Director

☐ Check here if entry is None

☐ Check here if additional sheets are attached

**ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES**

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business incorporated, regulated, or licensed to carry on business in the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

F,SP, DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
F	Kirk W. Caldwell, AAL P.O. Box 131 Honolulu, Hawaii 96810	A law corporation	Stock	1,000 shares
F	The Estate of Paul J. Caldwell 225 Kaiulani Street Hilo, Hawaii	family trust-rental of family home	Beneficial interest	F (approximate 1/5 beneficial interest)
SP	Bank of Hawaii 130 Merchant Street Honolulu, Hawaii 96813	Financial services	Stock	H
DC	Hawaiian Electric Industries 900 Richards Street, Hon., HI 96813	Holding Company Power Generation	Stock	B
<input type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if additional sheets are attached				

**ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES**

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD	DATE OF TRANSFER
<input checked="" type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if additional sheets are attached		

**ITEM 4: CREDITORS**

List the name and address of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding (excluding debts arising out of retail transactions or the purchase of consumer goods).

F,SP, DC,JT	NAME OF CREDITOR AND ADDRESS	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
JT	Territorial Savings 1132 Bishop Street Honolulu, Hawaii 96813	K	K
<input type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if additional sheets are attached			

**ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS**

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation.

F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
F	Kirk W. Caldwell, ALC P.O. Box 131 Honolulu, HI 96810	President	no end date	None
F	The Estate of Paul J. Caldwell 225 Kaiulani St. Hilo, HI 9672	Trustee	no end date	None
F	The International Dyslexia Association Hawaii Branch 1802-A Keeaumoku St., #2 Honolulu, Hawaii 96822	Director	3-years	None
SP	Bank of Hawaii 130 Merchant St., Hon., HI 96813	Vice Chair	no end date	H
SP	Bank of Hawaii 130 Merchant St., Hon., HI 96813	Director	no end date	None

☐ Check here if entry is None

☐ Check here if additional sheets are attached

**ITEM 6: INTERESTS IN REAL PROPERTY HELD IN THE STATE**

List interests in real property in the State, held during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER	VALUE
F	225 Kaiulani Street Hilo, Hawaii 96720 (held in trust/filer has a 1/5 beneficial interest)	3-2-3-15-10	H
JT	2726 Hillside Avenue Honolulu, Hawaii 96822	1-2-9-15-23	K

☐ Check here if entry is None

☐ Check here if additional sheets are attached

**ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED**

List interests in real property in the State, acquired during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP, DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION
JT	TMK # 1-2-9-15-23 2726 Hillside Avenue Honolulu, Hawaii 96822	K, for purchase of home	Roger L. White

☐ Check here if entry is None

☐ Check here if additional sheets are attached

**ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED**

List interests in real property in the State, transferred during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP,DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION
JT	TMK # 1-3-3-26-65 4807 Matsonia Dr. Honolulu, Hawaii 96816	J, from sale of home	Timothy Hawkins and Suzanne Sato

☐ Check here if entry is None

☐ Check here if additional sheets are attached

**ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES**

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

NAME OF CLIENT	NAME OF STATE AGENCY
	RECEIVED 04 JUN -1 AM 1:36 STATE OF HAWAII STATE ETHICS COMMISSION

☒ Check here if entry is None

☐ Check here if additional sheets are attached

**ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES**

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE

☒ Check here if entry is None

☐ Check here if additional sheets are attached

**CERTIFICATION:** I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

SIGNATURE

DATE

6/1/04